


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000026542 (9)
1. Corporation Name
ALMANAUTA, INC.



Principal Place of Business 3828 CORAL WAY SUITE 410 MIAMI FL 33145 US	Mailing Address 3828 CORAL WAY SUITE 410 MIAMI FL 33145 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1330 CORAL WAY Suite, Apt. #, etc. 22 208 City & State 23 MIAMI - FL Zip 24 33145 Country 25 US		2a. Mailing Address 26 1330 CORAL WAY Suite, Apt. #, etc. 27 208 City & State 28 MIAMI - FL Zip 29 33145 Country 30 US		3. Date Incorporated or Qualified 04/09/1993	
		4. FEI Number 65-0401894		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ALVAREZ, FAUSTO
2828 CORAL WAY
SUITE 410
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LOTITTO, CARLOS ALBERTO	1.2 NAME	LOTITTO, CARLOS ALBERTO
STREET ADDRESS	1401 N.W. 17TH ST., UNIT 109	1.3 STREET ADDRESS	1330 CORAL WAY, Suite 208
CITY - ST - ZIP	MIAMI FL 33126	1.4 CITY - ST - ZIP	MIAMI, FL 33145
TITLE	SD	2.1 TITLE	VPD
NAME	GOMEZ, ELIDA E	2.2 NAME	GOMEZ, ELIDA E
STREET ADDRESS	1401 N.W. 17TH ST., UNIT 109	2.3 STREET ADDRESS	1330 CORAL WAY, Suite 208
CITY - ST - ZIP	MIAMI FL 33126	2.4 CITY - ST - ZIP	MIAMI, FL 33145
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the holder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE:



2/11/98

957-0024

CR2E034 (10/97)